

**State of Alaska - Air Operating Permit Program
Owner Requested Limit**

FACILITY IDENTIFICATION:

No. 305ORL01

Owner/Operator:	U.S. Air Force, 611 th Air Support Group
Facility Name:	Galena Airport
Owner Address:	10471 20 th Street Suite 361
City, State, Zip:	Elmendorf Air Force Base, Alaska 99506-2200
Latitude/Longitude:	64° 44' 06" North, 156° 55' 34" West
Facility Contact:	Mr. Deven M. Dalcher
Phone Number:	(907) 552 4869

The above-named owner/operator has submitted a complete application for an owner-requested limit under 18 AAC 50.225(b) for the Galena Airport. The Department of Environmental Conservation (the department) grants an owner-requested limit to restrict the potential to emit of the facility to avoid the requirement for an operating permit under 18 AAC 50.325(b)(1)-(b)(2), and to ensure protection of ambient air quality standards and increments established in 18 AAC 50.010. The department certifies that the owner-requested limit is effective as of the date noted below.

In accordance with 18 AAC 50.225(f), the applicant has agreed to the conditions listed on the following pages.

The owner or operator may revise this limit under 18 AAC 50.225(h) by submitting a new request under 18 AAC 50.225(b). This limit remains in effect until the revision is approved. The owner or operator may terminate this limit according to the procedures of 18 AAC 50.225(h).

I understand and agree to the terms and conditions of this approval.

Owner or Operator

Printed Name

Title: _____

This certifies that on _____, (date) the person named above appeared before me, a notary public

in _____ and for the State of _____, and signed the above statement in my presence.

Notary Signature & Seal _____

My commission expires: _____

Department approval:

John F. Kuterbach, Program Manager
Air Permit Program

Owner Requested Limit Effective Date

CONDITIONS

1. The owner/operator shall limit fuel consumption in the sources listed in Table 2 to no more than a cumulative total of 150,000 gallons of diesel fuel in any 12-month period.
2. The owner/operator shall limit the fuel consumption of the sources listed in Table 3 to no more than 12,000 gallons of gasoline any 12-month period.
3. The owner/operator shall limit the sulfur content of the liquid fuel burned at the facility to no more than 0.30% by weight.
4. The owner/operator shall conduct monitoring related to the conditions established in this ORL, in accordance with the following:
 - (A) For conditions 1 and 2: record the amount of diesel and gasoline fuel consumed in the stationary internal combustion engines each month, and calculate the total fuel consumed in the equipment during the preceding 12-month period.
 - (B) For condition 3, obtain a record from the shipper that specifies the grade of fuel, or determine by ASTM-approved test methods that the fuel sulfur content is 0.30 per cent sulfur by weight or less for each fuel shipment.
5. The owner/operator shall retain records of all required monitoring data and support information for a period of at least five (5) years from the date of collection. Support information includes fuel delivery or fuel use records, calibrations for fuel monitoring instrumentation, and copies of reports and certifications required by this approval.
6. The owner/operator shall submit two copies of an annual compliance report to the Alaska Department of Environmental Conservation, Air Permits Program, 610 University Ave., Fairbanks, AK, 99707-3643, ATTN: Compliance Technician. The report is due by **August 1** for information from the period July 1 through June 30. The reports are to contain:
 - (A) The name of the owner/operator, the facility name, ORL number, and the period of the report;
 - (B) A listing of the diesel fuel consumed in the sources listed in Table 2 for the past 12 months, by month;
 - (C) A listing of the gasoline fuel consumed in the sources listed in Table 3 for the past 12 months, by month;
 - (D) A listing of the sulfur content, fuel sulfur testing results, or the fuel grade of each fuel shipment used in sources listed in Tables 1, 2, and 3;
 - (E) The reports **must clearly identify any deviation** from the limit requirements; and
 - (F) A certification of report information, signed by the Responsible Official defined in 18 AAC 50.990(77), using the format of 18 AAC 50.205.

7. The owner/operator shall fax a notification to the Fairbanks APP office at (907) 451-2187 within 24 hours of discovery if:
- a) cumulative fuel use for the sources listed in Table 2 exceeds 135,000 gallons of diesel in any 12-month period; or,
 - b) cumulative fuel use for the sources listed in Table 3 exceeds 10,800 gallons of gasoline in any 12-month period.
8. The USAF Facility at the Galena Airport shall report any excess air emissions or deviation from the conditions to ADEC no later than seven days after discovering the excess emission or deviation. To report the excess emissions, the facility must fax a completed and signed ADEC Notification Form to ADEC at (907) 269-7508. The Excess Emission Notification Form may be obtained from the Air Permits Web Site at:

<http://www.state.ak.us/dec/dawq/aqm/eeform.pdf>

Statement of Avoided Requirement:

The potential to emit of the sources listed in Tables 1, 2, and 3 for any one regulated air contaminant is reduced to less than 100 tons per year by limiting the diesel and gasoline fuel consumed in the stationary internal combustion engines, and limiting the sulfur content of the fuel to no greater than 0.30% by weight. In accordance with 18 AAC 50.210, the capacity of the facility to emit an air contaminant is verifiable through the monitoring, recordkeeping, and reporting contained in this approval. By limiting the potential to emit of the sources listed in Tables 2, and 3, the owner/operator is avoiding the requirement to obtain an operating permit for a facility that is classified under AS 46.14.130 (b) and 18 AAC 50.325(b)(1).

The emission summary for this facility for the principal sources is as follows:

	NO _x	SO ₂	CO	VOC	PM ₁₀
Table 1 Sources (boilers and heaters) Unrestricted operation	43.29 tons	90.4 tons	10.59 tons	0.74 tons	2.36 tons
Table 2 Sources (diesel engines) 150,000 gallon limit	44.4 tons	2.92 tons	9.56 tons	3.62 tons	2.89 tons
Table 3 Sources (gasoline engines) 12,000 gallon limit	1.27 tons	0.07 tons	48.91 tons	2.36 tons	0.08 tons
Totals	88.96 tons	93.39 tons	69.06 tons	6.72 tons	5.33 tons

Table 1
External Combustion Device Inventory Subject to Limit

Description	Buildings	Rated Capacity	Make / Model
Diesel and Used oil fired Boilers and Furnaces (10)	5 different	from 0.269 up through 16.74 MMBtu/hr	various

Table 2
Diesel Powered inventory Subject to Limit

Description	Building	Rated Capacity	Mfg./Model. No.
Generator	1404	75 kW	Unk
Generator	1428	150 kW	Unk
Generator	1499-1	300 kW	Unk
Generator	1499-2	600 kW	Unk
Generator	1499-3	600 kW	Unk
Generator	1499-4	600 kW	Unk
Generator	1499-5	650 kW	Unk
Generator	1552	150 kW	Unk
Generator	1569	75 kW	Unk
Generator	1854	250 kW	Unk
Generator	1858/1859	200 kW	Unk
Generator	1875	50 kW	Unk
Dike Pump	2000-1	196 hp	Unk
Dike Pump	2000-2	196 hp	Unk

Table 3
Gasoline Fired Internal Combustion Engines Subject to Limit

Description	Building	Rated Capacity	Mfg./Model. No.
Air Compressor	1499	11.7 hp	Unk
Fire Pump	1578	40.0 hp	Unk
Aircraft Barrier	74040-1	65.9 hp	Unk
Aircraft Barrier	74040-2	65.9 hp	Unk
Aircraft Barrier	74040-3	65.9 hp	Unk
Aircraft Barrier	74040-4	65.9 hp	Unk
Aircraft Barrier	74040-5	65.9 hp	Unk
Aircraft Barrier	74040-6	65.9 hp	Unk

Excess Emission Notification Form

ADEC Notification Form

Fax this form to: (907) 269-7508

Telephone: (907) 269-8888

Company Name _____

Facility Name _____

Reason for notification:

☐ **Excess Emissions**

If you checked this box

Fill out section 1

☐ **Other Deviation from Permit Condition**

If you checked this box

fill out section 2

When did you discover the Excess Emissions or Other Deviation:

Date: __/__/__ Time:__:__

Section 1. Excess Emissions

(a) Event Information (Use 24-hour clock):

	START Time:	END Time:	Duration (hr:min):
Date: _____	_____:_____	_____:_____	_____:_____
Date: _____	_____:_____	_____:_____	_____:_____
		Total:	_____:_____

(b) Cause of Event (Check all that apply):

<input type="checkbox"/> START UP	<input type="checkbox"/> UPSET CONDITION	<input type="checkbox"/> CONTROL EQUIPMENT
<input type="checkbox"/> SHUT DOWN	<input type="checkbox"/> SCHEDULED MAINTENANCE	<input type="checkbox"/> OTHER _____

Attach a detailed description of what happened, including the parameters or operating conditions exceeded.

(c) Sources Involved:

Identify each emission source involved in the event, using the same identification number and name as in the permit. List any control device or monitoring system affected by the event. Attach additional sheets as necessary.

Source ID No.	Source Name	Description	Control Device
_____	_____	_____	_____
_____	_____	_____	_____

(d) Emission Limit Potentially Exceeded

Identify each emission standard potentially exceeded during the event. Attach a list of ALL known or suspected injuries or health impacts. Identify what observation or data prompted this report. Attach additional sheets as necessary.

Permit Condition	Limit	Emissions Observed
_____	_____	_____
_____	_____	_____

(e) Excess Emission Reduction:

Attach a description of the measures taken to minimize and/or control emissions during the event.

(f) Corrective Actions:

Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of a recurrence.

(g) Unavoidable Emissions:

Do you intend to assert that these excess emissions were unavoidable?

☐ YES ☐ NO

Do you intend to assert the affirmative defense of 18 AAC 50.235?

☐ YES ☐ NO

Section 2. Other Permit Deviations

(a) Sources Involved:

Identify each emission source involved in the event, using the same identification number and name as in the permit. List any control device or monitoring system affected by the event. Attach additional sheets as necessary.

Source ID No.	Source Name	Description	Control Device
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(b) Permit Condition Deviation:

Identify each permit condition deviation or potential deviation. Attach additional sheets as necessary.

Permit Condition	Potential Deviation
_____	_____
_____	_____
_____	_____

(c) Corrective Actions:

Attach a description of actions taken to correct the deviation or potential deviation and to prevent recurrence.

Based on information and belief formed after reasonable inquiry, I certify that the statements and information in and attached to this document are true, accurate, and complete.

Printed Name:

Signature:

Date